



SANDRA SHEWRY  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



ARNOLD SCHWARZENEGGER  
Governor

August 25, 2006

Dear Interested Party:

**SUBJECT: ELECTRONIC RELEASE of DRAFT REQUEST FOR PROPOSAL #06-55000  
for the HEALTH CARE OPTIONS PROGRAM**

The purpose of this letter is to request your comments concerning the **draft** Request for Proposal (RFP) for the California Department of Health Services (CDHS) Health Care Options Program.

The CDHS Office of Medi-Cal Procurement (OMCP) is releasing electronically the draft RFP 06-55000 to acquire a firm to act as an enrollment broker for the Health Care Options Program. Interested Parties may now download the draft RFP from the OMCP web site at <http://www.dhs.ca.gov/omcp>.

Please note:

1. This is **not** a solicitation for submission of a Proposal at this time, but only to solicit comments regarding the content of the draft RFP from Interested Parties for consideration prior to release of a final RFP.
2. The RFP document we are releasing at this time is a **draft** of the requirements expected to be included in the final RFP. It is unknown when the final RFP will be released. However, please continue to view the aforementioned web site on a regular basis for the latest information concerning the release of the final RFP.
3. CDHS requests that Interested Parties carefully consider the scope of work requirements to be fulfilled under this contract and offer input on the work to be performed. The CDHS will review the submitted comments and the final RFP will reflect any comments and modifications accepted by the CDHS. Details about the scope of work requirements may be found in Exhibit A, Attachments 1-4, entitled *Scope of Work*.
4. Many sections in this draft RFP that include important due dates, term (dates) of contract, the narrative proposal content requirements and the cost proposal bid

sheets, evaluation and selection instructions and procedure, narrative proposal rating factors, payment provisions, are in development and are not complete. Specific details for these sections are to be determined subsequent to the release of the draft and these areas are subject to change.

5. Interested Parties who would like to receive a copy of the final RFP must complete and submit the Request for Inclusion on Mailing List form attached to this letter. Only organizations who return this form will be included on the mailing list when the RFP is released in final form.

Your input is very important in helping us finalize the RFP; however, please do not provide comments that are outside the control of the contractor, or that are in conflict with law, regulation, or federal mandate. Please note that the CDHS does not intend to provide a response or answers to parties submitting comments and questions in response to this letter. Interested Parties will have an opportunity to submit questions to CDHS and receive official CDHS responses once the **final** RFP is released, in accordance with RFP section D, *Proposer Question* procedures, described in the final RFP.

To ensure that your comments or questions are fully considered, please submit them in writing only, by close of business **on or before October 12, 2006**.

Comments may be mailed **via U.S. Postal Service** to:

Donna Martinez, Chief  
California Department of Health Services  
Office of Medi-Cal Procurement  
REQUEST FOR PROPOSAL #06-55000  
MS 4200  
P.O. Box 997413  
Sacramento, CA 95899-7413

You may also fax your comments to OMCP at (916) 440-7369 or send them via e-mail to [omcprfp0@dhs.ca.gov](mailto:omcprfp0@dhs.ca.gov).

Thank you for your interest in the Health Care Options Program. If you have any questions, you may contact me at (916) 552-8006.

Sincerely,

Original signed by *Donna Martinez*

Donna Martinez, Chief  
Office of Medi-Cal Procurement  
Enclosure

## Request for Inclusion on Mailing List

The California Department of Health Services (CDHS) will continue to provide automatic updates about RFP 06-55000 **only** to prospective Proposers who complete and return this Request for Inclusion on Mailing List form. CDHS is in the process of building a mailing list for this project and asks prospective bidders to complete this attachment with the appropriate information in order to become part of the permanent, active mailing list for this project. In order to continue to receive updated information relevant to this RFP, please return this form as soon as possible via mail, FAX or e-mail using the information referenced below.

It is incumbent upon any Proposer who does not submit the Request for Inclusion on Mailing List form, but intends to bid on this contract, to monitor the website at <http://www.dhs.ca.gov/omcp> for any updates and/or future document releases pertaining to this RFP.

Submit this Request for Inclusion on Mailing List form through one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express/Courier Service	Fax or E-mail:
<b>Mailing List for RFP 06-55000</b> CA Department of Health Services Office of Medi-Cal Procurement Attn: Karissa Kanenaga 1501 Capitol Avenue, 5th Floor PO Box 997413, MS 4200 Sacramento CA 95899-7413	<b>Mailing List for RFP 06-55000</b> Karissa Kanenaga CA Department of Health Services Office of Medi-Cal Procurement omcprfp0@dhs.ca.gov  Fax: (916) 440-7369

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Name of Proposer:

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Mailing Address (*Street address, P.O. Box, City, State, Zip Code*):

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E-Mail:

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Contact Name:	Title:
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Telephone number:	Fax number:
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